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OCT 25 2005

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07/25/2005

PILLSBURY WINTHROP, LLP

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Kathleen M. Smith	(Depositor's name)
<i>Kathleen M. Smith</i>	(Signature)
October 25, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/991,527	02/22/2002	Dennis L. Montgomery	042503/0259666 (ETV-008-U)	3097

TITLE OF INVENTION: METHOD AND APPARATUS FOR STORING DIGITAL VIDEO CONTENT PROVIDED FROM A PLURALITY OF CAMERAS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	10/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
COUSO, JOSE L	2621	382-235000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Pillsbury Winthrop  
Shaw Pittman LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

eTreppid Technologies LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Reno, Nevada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee \$700  
☒ Publication Fee (No small entity discount permitted) \$300  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): Chg deposit acct 03-3975 (042503-0259666)

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-3975 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David A. Jakopin

Date

October 24, 2005

Typed or printed name

Registration No.

32,995

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